

chemicals are modified in their action upon the human organism by age, sex, habits, idiosyncracies, temperament, constitutional taints (acquired or hereditary), avocation, climate, condition of the system at the time of administration, etc. Men who use these ready-made cure-alls forego the exercise of those powers of ratiocination in the adaptation of remedies to each individual case, according to its peculiarities and needs, which ever and always distinguish the learned from the ignorant. They insult the educated pharmacist by presuming that he could not prepare any combination required by the formula they wrote; and they only too often make clear the fact that they are incapable of originating such a combination of ingredients as the complexities of the case demand.

Prof. Geo. B. Wood, the scholar, scientist and author, in his great work published in 1860, entitled, "Therapeutics and Pharmacology," uses this language touching ready-made formulæ:

"It leads to an indolent reliance on mere authority by sparing the trouble of thought, and greatly conduces to an empiric and routine practice, neither creditable to the physician nor profitable to the patient. The author has preferably sought to give principles, by which the physician himself may construct formulæ suitable to each special case. He has endeavored to point out in reference to each medicine the peculiar circumstances which render its use appropriate, and the modification in doses it must undergo to adapt it to the varying circumstances of different cases, or the same case at different times. He has also called attention to the medicines with which in each special case it may be appropriately combined to aid or qualify its action. With this knowledge and that of the pathologic conditions to be corrected, the educated physician will be qualified to form much more appropriate associations or combinations of medicines, and to regulate much more correctly the proportions of the several ingredients in correspondence with the indications than any formulary can possibly do for him; nor can any medical man be considered educated or duly instructed until he is capable of constructing such formulæ for his own use and purposes."

The educated physician and educated pharmacist have delicately allied duties in their relations with the public, and no educated physician should allow his prescriptions to go to a mere trader in drugs; nor should a pharmacist ever commend an illiterate, uneducated physician. We should stand in an honorably helpful relation to each other and strive to excel in the breadth of our attainments, the excellence of our work.

W. T. AKINS, M.D.

Appendicitis: Comments Upon Dr. Haughton's Letter.

NEW YORK, Feb. 15, 1898.

To the Editor:—In the JOURNAL for Feb. 12, 1898, I find a reply from Dr. Haughton to Dr. Carstens which seems to fail to comprehend the subject of appendicitis in just the proper way. Perhaps there is no subject in medicine more thoroughly understood than that of appendicitis. The pathology, etiology, symptomatology and anatomy are all so completely recorded by our authorities that it is only the men who are too busy to read the works of authorities who imagine that there is still much room for discussion upon the subject. It has been demonstrated and recorded that the operative death-rate in acute and in chronic appendicitis without abscess, is only a fraction of 1 per cent. at the hands of several of our American surgeons.

It has been demonstrated and recorded that the men who represent diagnostic acumen of the highest order are powerless to make a prognosis about the outcome of any given case of appendicitis. It has been demonstrated and recorded that so large a proportion of "cured" appendicitis patients carry concretions and mucous inclusions and tubercular foci, and entozoa, and chronic abscesses that the eventual death-rate in ap-

pendicitis is not likely to show less than 25 per cent. death-rate under any form of medical treatment.

Curiously enough the reports of long lists of cures under medical treatment have seemed to be rather dishonest in their nature, and they bear the ear marks of a spirit of controversy rather than of an interest in pure science. A medical report on appendicitis cases should have several clearly defined features. A statement about the length of time of observation, of number of deaths, of number of occurrences of acute symptoms, of interval palpation findings, and of the interval condition of general health of each and every patient. I am acquainted with several physicians whose love for truth was so much greater than their love for controversy that they began to get statistics of this sort, but unfortunately for statistics they soon decided that their appendicitis patients must be operated upon promptly.

Apparently every physician who publishes long lists of appendicitis cases cured by medical treatment knows in his heart that he is doing wrong. When he congratulates a patient on getting well without operation he knows in his heart that that patient is very likely indeed to be carrying at least a mucous inclusion, and that he is not a cured patient. It is almost incomprehensible that men whose duty it is to devote their lives to the relief of suffering should be so fond of controversy that they can not be honest to themselves, or to their sacred profession, or to the people whose precious lives are entrusted to their care. Dr. Haughton has quoted one writer who published a list of appendicitis cases cured by medical treatment. I have challenged this writer's report, and although he has privately stated that he will not look up his cases, and that he will not tell the profession what has become of them, I shall keep trying in various ways to get him to do it, and I hope to get a general report in the interest of science before the matter is allowed to rest. I may have to bear a great deal of personal abuse and may be put to much trouble, but it is all for the sake of humanity, and that makes one's labors seem light. Clouds are coming over many a happy home in this fair land on this very day because the family physician who conscientiously tries to do the very best thing for his appendicitis patients is misled by controversial reports from physicians who do not realize that their irresponsible influence is carrying death in its trail.

ROBERT T. MORRIS, M.D.

Appendicitis.

MARIETTA, OHIO, Feb. 15, 1898.

To the Editor:—I have been interested for some time past to learn how it happens that some doctors have so many cases of appendicitis, upon which they find it necessary to operate. Is it not a fact that most of the so-called cases of appendicitis are primarily impaction of the cecum and colon, which by proper medication can be relieved and avoid the operation? These thoughts come to my mind from the fact that I have been in a very active general practice, medical and surgical, for the past fifty-four years, and have never had but one case that needed operation, and that one in my early service, and far advanced. I lanced it and he soon made a good recovery. I think that with those in which I have been called in consultation, I have treated more than one hundred cases without the loss of one, simply by medication. I have no doubt but the vermiform appendix plays its role in all such cases and was placed there for some useful purpose, although we may not fully understand it. I shall in the future as in the past, try medication before operation.

B. F. HART, M.D.

Foreign vs. American Schools.

WASHINGTON, D. C., Feb. 14, 1898.

To the Editor:—It is gratifying to note in the columns of the JOURNAL that several correspondents have had the courage